

**TO MAKE YOUR ESTIMATE PAYMENT ON-LINE ACCESS E-FILE AT [www.revenue.nh.gov](http://www.revenue.nh.gov)**

## **1 Who Must Pay Estimated Tax**

Every individual, partnership, association, trust or fiduciary required to file an Interest and Dividends Tax Return must also make Estimated Interest & Dividends Tax payments for its subsequent taxable period, unless the annual estimated tax for the subsequent taxable period is less than \$500. However, quarterly payments are required to be made whenever your **annual** estimated tax for the subsequent taxable period equals or exceeds \$500. (See paragraph 6 for exceptions).

## **2 Where to Make Payments**

Make estimate tax payments on-line at [www.revenue.nh.gov](http://www.revenue.nh.gov) or mail estimate tax payments to:

NH DEPT OF REVENUE ADMINISTRATION  
DOCUMENT PROCESSING DIVISION  
PO BOX 2072  
CONCORD NH 03302-2072

## **3 When to Make Payments**

### **CALENDAR YEAR FILERS:**

1st quarterly payment due [April 17, 2007](#)  
2nd quarterly payment due [June 15, 2007](#)  
3rd quarterly payment due [September 17, 2007](#)  
4th quarterly payment is due [January 15, 2008](#)

### **FISCAL YEAR FILERS:**

A quarterly payment is due on or before the 15th day of the 4th, 6th, 9th and 12th months of the taxable period to which they relate.

## **4 Payment of Estimated Tax**

Estimated tax may be paid in full with the initial declaration or in installments on the due dates.

You may make all four estimate payments at one time over the Internet. Specify each date you want a payment to be made from your account and each payment will be withdrawn on the date you specified.

## **5 Underpayment Penalty**

A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty.

**This penalty will not be imposed if any of the statutory exceptions apply per quarter.**

## **6 Exceptions to the Underpayment Penalty**

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Please use form DP 2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty.

This form may be obtained from our web site at [www.revenue.nh.gov](http://www.revenue.nh.gov) or by calling the forms line at (603)271-2192.

## **7 Need Help**

QUESTIONS not covered herein may be answered in our Frequently Asked Questions (FAQ) brochure available, on the Internet at [www.revenue.nh.gov](http://www.revenue.nh.gov) or by calling Central Taxpayer Services Office at (603) 271-2191.

Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964

ESTIMATED INTEREST AND DIVIDENDS TAX  
QUARTERLY PAYMENT FORMSTO MAKE YOUR ESTIMATE PAYMENT ON-LINE ACCESS E-FILE AT [www.revenue.nh.gov](http://www.revenue.nh.gov)

## 2007 TAXPAYER'S WORKSHEET – KEEP FOR YOUR RECORDS

- 1 All interest and dividend income taxable by the State ..... 1 \_\_\_\_\_
- 2 Less Exemption – check the exemptions that apply:
- 2(a) ☐ Yourself ☐ Spouse ☐ Partnership ☐ Fiduciary Total number boxes checked \_\_\_\_\_ x \$2400 =2(a) \_\_\_\_\_
- 2(b) ☐ 65 (or over) or disabled ☐ Blind } Total number boxes checked \_\_\_\_\_ x \$1200 =2(b) \_\_\_\_\_
- ☐ Spouse 65 (or over) or disabled ☐ Spouse Blind }
- 2 (c) Total exemptions [Line 2(a) plus 2(b)] ..... 2(c) \_\_\_\_\_
- 3 New Hampshire Taxable Income [Line 1 minus Line 2(c)] ..... 3 \_\_\_\_\_
- 4 New Hampshire Interest & Dividends Tax (Line 3 multiplied by 5%) ..... 4 \_\_\_\_\_
- 5 OVERPAYMENT applied to next year's taxes ..... 5 \_\_\_\_\_  
(If the overpayment exceeds the first 1/4 installment, the overage will be applied to the next installment and so on)
- 6 BALANCE OF ESTIMATED INTEREST & DIVIDENDS TAX (Line 4 minus Line 5) ..... 6 \_\_\_\_\_

If Line 4 is less than \$500 see instructions paragraph No. 1.

## COMPUTATION and RECORD of PAYMENTS

Date Paid	Amount of each Installment (1/4 of Line 4 of worksheet)	2006 Overpayment Applied to Installment	Balance Due	CALENDAR YEAR DUE DATES
1. ....	\$ .....	\$ .....	\$ .....	April 17, 2007
2. ....	\$ .....	\$ .....	\$ .....	June 15, 2007
3. ....	\$ .....	\$ .....	\$ .....	Sept. 17, 2007
4. ....	\$ .....	\$ .....	\$ .....	Jan. 15, 2008

## IMPORTANT:

PLEASE PUT THE NAMES AND SOCIAL SECURITY NUMBERS ON THE ESTIMATE FORM IN THE SAME SEQUENCE AS THOSE TO BE USED ON THE RETURN.

THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

(Cut along this line and keep the estimated tax worksheet above for your records)

## ESTIMATED INTEREST AND DIVIDENDS TAX - 2007

For CALENDAR YEAR **2007** or other taxable period beginning \_\_\_\_\_ ending \_\_\_\_\_  
Mo Day Year Mo Day Year

FOR DRA USE ONLY

PLEASE PRINT OR TYPE

CHECK ONE: ☐ ① Individual/Joint ☐ ③ Partnership ☐ ④ Fiduciary

## Payment Form 1

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER OR DEPARTMENT IDENTIFICATION NUMBER (SMLLC)
NUMBER & STREET ADDRESS		
ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE		
Amount of This Payment \$		

☐ CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.MAIL TO: NH DEPT OF REVENUE ADMINISTRATION  
DOCUMENT PROCESSING DIVISION  
PO BOX 2072  
CONCORD NH 03302-2072Make check payable to: **STATE OF NEW HAMPSHIRE**  
Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate.

FORM

**DP-10-ES**

042

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

**ESTIMATED INTEREST AND DIVIDENDS TAX - 2007**For CALENDAR YEAR **2007** or other taxable period beginning \_\_\_\_\_ ending \_\_\_\_\_  
Mo Day Year Mo Day Year

FOR DRA USE ONLY

PLEASE PRINT OR TYPE

CHECK ONE: ☐ ① Individual/Joint ☐ ③ Partnership ☐ ④ Fiduciary**Payment  
Form 2**

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER OR DEPARTMENT IDENTIFICATION NUMBER (SMLLC)
NUMBER & STREET ADDRESS		
ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE		

Amount of This Payment \$ Make check payable to: **STATE OF NEW HAMPSHIRE**  
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Rev. 10/1/06☐ CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.MAIL TO: NH DEPT OF REVENUE ADMINISTRATION  
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CHECK ONE: ☐ ① Individual/Joint ☐ ③ Partnership ☐ ④ Fiduciary**Payment  
Form 3**

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER OR DEPARTMENT IDENTIFICATION NUMBER (SMLLC)
NUMBER & STREET ADDRESS		
ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE		

Amount of This Payment \$ Make check payable to: **STATE OF NEW HAMPSHIRE**  
Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate.DP-10-ES  
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Mo Day Year Mo Day Year

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CHECK ONE: ☐ ① Individual/Joint ☐ ③ Partnership ☐ ④ Fiduciary**Payment  
Form 4**

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER OR DEPARTMENT IDENTIFICATION NUMBER (SMLLC)
NUMBER & STREET ADDRESS		
ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE		

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